

**CHESTERFIELD COUNTY COMMISSIONER OF THE REVENUE
BUSINESS CLASSIFICATION INFORMATION**

Taxpayer's Name: _____

Trade Name: _____

Type of business: _____

Business Address: _____ Mailing Address: _____

Email Address: _____ Telephone Number: _____

Entity Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

Federal ID No.: _____ Owner's SSN: _____

Date business began in Chesterfield County: _____ Estimated Gross Receipts: _____

Describe the primary business activity, beginning with the raw materials used, and include a description of the process applied to these materials and a description of the product resulting from the processing of these materials. Please indicate whether any part of the process is subcontracted to an independent third party.

Who owns the raw materials used in this process? _____

Are there other business activities performed at this location, such as repair, service, other sales, etc.? _____

Are all of the business activities described above conducted in Chesterfield County? _____

Is the finished product both warehoused and delivered from the business location listed above? _____

In terms of revenue generated, what percentage of the business activities involve:

Wholesale sales: _____ Retail sales: _____ Service/Repair: _____ Other: _____

Please include your business literature and pictures of your products or processes, if available.

List the types of machinery and tools used in the process. If any such property is not owned by the business, please indicate this and include the name and address of the owner.

Include any other information relevant to the determination of your business classification on the reverse side.

This information is true and correct to the best of my knowledge and belief:	
Name of authorized agent: _____	Title: _____
Signature of authorized agent: _____	Date: _____